

**State of Nevada**  
**BOARD OF EXAMINERS FOR SOCIAL WORKERS**  
**4600 Kietzke Lane Suite C121**  
**Reno, NV 89502**  
  
**CHANGE OF ADDRESS FORM**

Nevada License # \_\_\_\_\_ OR Social Security # \_\_\_\_\_

Name \_\_\_\_\_

☐ New Professional Address:

Agency Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street or PO Box)

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Telephone \_\_\_\_\_  
(Area Code) \_\_\_\_\_ (Professional Number) \_\_\_\_\_

☐ New Home Address

Address \_\_\_\_\_  
(Street or PO Box)

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Telephone \_\_\_\_\_  
(Area Code) \_\_\_\_\_ (Home Number) \_\_\_\_\_

Please complete and mail to address listed above.